



Hospital Fiscal Report  
State Form 49520 (R2 /7-02)  
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: METHODIST HOSPITAL NORTHLAKE CAMPUS

City of Hospital: Gary

Year Begin: 01/01/2020 (mm/dd/yyyy format)

Year End: 12/31/2020 (mm/dd/yyyy format)

Person Completing the Report: Linda Milenkovski

Email Address: [lmilenkovski@methodisthospitals.org](mailto:lmilenkovski@methodisthospitals.org)

Medicare Provider Number: 150002

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$619468512
Outpatient Patient Service Revenue	\$629022144
Total Gross Patient Service Revenue	\$1248490656

2. Deductions From Revenue

Contractual Allowance	\$943040571
Other Deductions	\$30248147
Total Deductions	\$973288718

3. Total Operating Revenue

Net Patient Service Revenue	\$329380673
Other Operating Revenue	\$40281263
Total Operating Revenue	\$369661936

4. Operating Expenses

--	--	--	--

Salaries and Wages	\$149144631	Employee Benefits	\$38231274
Depreciation and Amortization	\$18175060	Interest Expense	\$2320973
Bad Debt	\$18154636	Other Expenses	\$141447
Total Operating Expenses	\$226168021		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$7496712	Total Assets	\$451348195
Net Non-operating Gains over Loss	\$7417219	Total Liabilities	\$0
Total Net Gains	\$14913931		

#### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$637480761	\$516406110	\$121074651
Medicaid	\$344467069	\$292770234	\$51696835
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$266542826	\$164112375	\$102430451
Total	\$1248490656	\$973288719	\$275201937

#### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$23919009
--------------------------	------------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$6836410	
HCI Payments	\$0		
Subtotal	\$0	\$6836410	\$-6836410
Medicaid Shortfalls	\$66695202	\$95532001	
Subtotal	\$66695202	\$102368411	\$-35673209
DSH Payments	\$47,216,205		

	Subtotal	\$113911407	\$102368411	\$11542996
Medicare Shortfalls		\$2038829	\$1325239	
Other Government Programs		\$82162	\$0	
	Total	\$116032398	\$103693650	\$12338748

Statement Seven: Subsidized Health Services for the Community
---

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$390714	\$-390714
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

//